

ab Property Management, Inc. www.abpropertymgmt.com

6280 W. Las Positas Blvd., Suite 230, Pleasanton, CA 94588 (925) 846-8119 Fax (925) 846-7008

To: _____ From: Laura @ AB Property Management

Phone: _____ Date: _____

Fax _____ Pages: 1 (including cover page)

Re: _____ Rental History

Please verify the following questions for : _____

Tenants residing at: _____

This form is to be completed by authorized Property Manager or Landlord

Name _____

Position _____

Date _____

1. Tenant has resided from _____ through _____.

2. Tenant has paid \$ _____ rent.

3. Tenant has received _____ late or disturbance notices.

4. Would you rent again if tenant qualified _____

5. Any disrespect to manager, neighbors or other tenants? _____

6. Did the Tenant break the lease agreement? _____

7. Did he/she/they take care of property? _____

8. Was Security Deposit used for any damages? _____

9. Was there any occupants residing in home not on lease? _____

10. Any parking issues? _____

11. Any pets? _____ What type _____

12. Were tenants responsible for upkeep of spa/pool/landscape _____? If so, was it _____?

13. Additional Comments: _____

I authorize to release information to AB Property Management, Inc. to verify my credit, rental, and history.

Applicant's Signature _____ / _____